

## TRAVEL EXPENSE CLAIM

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

American Express Card Holder ☐ YES ☐ NO

See instructions and privacy statement on page 2.

CLAIMANT'S NAME Lester A. Snow						HR PERSONNEL NUMBER						EMPLOYEE VENDOR NUMBER					
CLASSIFICATION Director						BARGAINING UNIT NUMBER Exempt			DIVISION, BRANCH, ETC. Executive						OFFICE PHONE		
RESIDENCE ADDRESS*									HEADQUARTERS ADDRESS 1416 Ninth Street							ROOM NUMBER 1115	
CITY				STATE		ZIP CODE		CITY Sacramento				STATE CA		ZIP CODE 95814			
(1) NORMAL WORK HOURS 5-8-40									(2) PRIVATE VEHICLE LICENSE NUMBERS Off								
(3) EXCESS LODGING APPROVAL (STD 255c) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						(4) MILEAGE CLAIM RATE \$0.000				(5) TOTAL MILES CLAIMED 0							
(6) MONTH/YEAR		(8) LOCATION/ PURPOSE OF TRIP FOR EXPENSES INCURRED	(9) LODGING	(10) MEALS			(11) INCI- DEN- TALS	(12) TRANSPORTATION				(13) BUSINESS EXPENSE	(14) TOTAL EXPENSES FOR DAY				
MARCH 2009				BREAK- FAST	LUNCH	O.T. L/T N/C RELO. OR DINNER		(A) TYPE USED	(B) HOW PAID	(C) COST OF TRANS	(D) PRIVATE CAR USE		(E) CARFARE, TOLLS, PARKING				
(7) DATE	TIME										MILES	AMOUNT					
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
												0.00		\$0.00			
<b>SUBTOTALS</b>			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00		\$0.00	\$0.00	\$0.00			
(15) COST OBJECT		AMOUNT	REMARKS AND DETAILS (Attach receipts/vouchers when required)											CLAIM TOTAL			
														\$0.00			
(16) TOTAL		\$0.00															

(17) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the State of California and that all items shown were for official State business. I also certify that if a privately-owned vehicle was used, I have met the insurance requirements in accordance with DAM 4131 (SAM 0754) and a DWR 4107 is on file, and that the actual cost of operating the vehicle was equal to or greater than the rate claimed for mileage rates exceeding the minimum amount permitted by the IRS, DPA rules, or the appropriate MOU.

SIGNATURE OF CLAIMANT	DATE	(18) SIGNATURE OF OFFICER APPROVING PAYMENT	DATE
(19) SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES	DATE	<u>FOR ACCOUNTING USE ONLY</u>	
TITLE		REVOLVING FUND CHECK NUMBER/CHECK DATE	
		TRIP NUMBER	

NCR USE ONLY

DISTRIBUTION: Original and 1 copy – Payables Office; 1 to Field Administration Office; 1 to Employee